

| POSITION            | INITIALS | ID NO.  | DATE    |
|---------------------|----------|---------|---------|
| FEE DETERMINATION   | MM       |         | 1/17/94 |
| O.I.P.E. CLASSIFIER |          | 3       | 7/1/94  |
| FORMALITY REVIEW    | OG       | 6916185 | 9-24-94 |

### INDEX OF CLAIMS

- ✓ ..... Rejected
- ✓ ..... Allowed
- (Through numeral) ... Canceled
- ✓ ..... Restricted
- N ..... Non-elected
- I ..... Interference
- A ..... Appeal
- O ..... Objected

| Claim    | Date   |
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| Final    |        |
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If more than 150 claims or 10 actions  
staple additional sheet here

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